

PERSPECTIVES

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Office of Communications & Consumer Affairs

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Family Options: Supporting Parents in Recovery and Their Children

**By Chip Wilder, LICSW
and
Betsy Hinden, Ph.D**

Most adults recovering from mental illness are parents. Like all parents, those in recovery report that being a parent is a primary and positive life role and that they want to be the best parents they can be. They express the same joys and concerns about parenting and their children as parents without psychiatric diagnoses and studies indicate that parenting can provide powerful motivation for recovery in general.

Family Options, a program of the Employment Options Inc. in Marlborough, was established to meet the needs of parents with mental illness and their children. Family Options' vision is founded on the primary need to understand and respond to the effects of mental illness on families, with respect to both the individual experience of each family member no matter who is ill, and the family experience as a whole. Recognizing the resiliency and recovery of each family member and of the family as a unit is also central to our mission.

Family Options supports parent who have a

In this issue...

The Fall 2008 edition of PERSPECTIVES features stories about parents in recovery and their children. DMH is committed to strengthening families. Consumer-operated programs and resources are also highlighted in this issue. We know you'll enjoy learning more about consumer leaders and the work they do. We feature the Southeast's "Recovery is Real" Conference, the DMH Information and Referral Specialist and the DMH Statewide Youth Advisory Council.

Steve Holochuck

Editor & Director of Consumer Affairs

self-identified mental illness and have custodial responsibility for their children. Family Options assigns a family coach to work with each family. The coach performs a dual role of family team facilitator and psycho-social rehabilitation care manager. The program also offers a 24-hour a day "warm lines," a parent support group, and respite/family activities. The family coach meets weekly with the parent and focuses on building a trusting relationship, addressing immediate needs and completing a strengths and needs assessment in preparation for a the creation of a

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Recovery and Resiliency Through Partnership

family team plan. The family team plan focuses on identified areas of need for each family member that have been prioritized by the parent. The family coach conducts periodic team meetings in which the need-driven goals and strengths-based actions steps are defined and refined.

The needs across and within families vary widely, from helping a father manage his symptoms and learn parenting skills so he can participate more actively as a care giver with his three-year-old, to providing supports and finding interventions necessary to support the return home, after seven years, of a teenage boy from residential treatment to his mother, who herself is in recovery. Coaches need to have the skill and the time to help parents build a strong team, to offer effective, sometimes daily support towards parents' recovery and to respond to the needs of the children. Families also often arrive at Family Options with major resource

needs, such as severe and acute housing problems. In these instances the coaches work in a modeling, hands-on manner with parents to secure funding and housing or to be able to clean their home and avoid eviction or child removal. Coaches also prepare and accompany parents to crisis evaluations and hospital meetings for their children and aggressively engage the adult system to provide adequate treatment for parents.

Family Options and Employment Options continue to expand supports, including a young parent initiative and peer parent support services. We are committed to advocating for the recognition of needs and supports and to building strong coalitions for all parents in recovery in Massachusetts.

For more information, contact Employment Options at 508-485-5051 or e-mail options@employmentoptions.org.

Making a Difference One Family at a Time

By Debra B. Taylor

Donna sat in the car and just cried. Just thinking about everything she had to do to care for herself, her kids and her home was overwhelming. It was scary getting to this point where she felt exhausted in every part of her body. She didn't want to get sick again. She had been doing so well.

Nobody understood how hard it was for her just to get her kids on the bus when she was feeling so depressed and anxious. But her kids were her whole world. She wanted to be a good parent. She didn't want her kids to grow up in foster care like she did. But her kids had emotional issues, too, and life often was a rollercoaster.

Donna felt so alone. She was careful not to raise any concerns about her own recovery with the very nice case managers from DMH and the Department of Children and Families. Maybe they would



Debra B. Taylor is the Parent-Peer Coordinator for Family Options in Marlborough.

think she couldn't handle her kids living at home. Her therapist was great but Donna didn't fully share her feelings.

Deep down, Donna knew that this time she was okay. She just had these bad days.

Parenting is challenging in the best of health, but can be even more challenging when a parent has a mental illness. Custodial parents in recovery have a unique set of complex needs that up to now haven't been fully met in either the child or adult-focused service sectors. However, parenting is a

positive life role that can motivate consumers to get and stay well. With the right supports, parents with mental illness and their children can experience positive and rewarding family relationships and experiences.

Family Options is an innovative program which provides comprehensive care management to parents living with a mental illness and their families. With the assistance of a family coach, parents identify their needs and strengths and work collaboratively with a community support team to meet prioritized needs.

As Donna's situation demonstrates, living with mental illness is an isolating experience. There is stigma associated with being a parent in recovery. Donna fears being a bad parent, losing her children, getting sick herself and not meeting her children's needs. She doesn't feel comfortable sharing these fears and concerns with her support team.

Peer-to-peer support is an evidence-based practice which empowers individuals in recovery to gain self-confidence and self-esteem, improve coping skills and foster learning and growth. Donna longs to talk to someone who really understands, through a lived experience, the definition of a peer partner. She knows that when she does better, her whole family benefits.

The Parent-Peer Support Coalition was established by Family Options, the Parent/Professional Advocacy League (PAL), the Transformation Center and the Recovery Learning Communities in response to feedback from their affiliated parents for parent-peer support. The Coalition's mission is to build awareness and advocate for peer support funding, training and programs for parents living with mental illness and their children. Parent peer support groups are being developed in the DMH MetroSuburban area as one of the Coalition's first initiatives.

Debra B. Taylor is the Parent-Peer Coordinator for Family Options in Marlborough.

Researchers: Family Options Fertile Ground for Understanding Needs of Parents, Families

By Joanne Nicholson

and

Kathleen Biebel

Researchers from the UMMS Center for Mental Health Services Research/DMH Center for Research Excellence are studying the experiences of parents with mental illness, their families and children who are participating in the Family Options program at Employment Options, Inc. Family members who agree to participate in the research were interviewed in their homes over the course of 18 months to better understand their experiences with the program, and if and how Family Options contributed to their recovery.

Through this study we hope to learn more about:

- The characteristics of parents and children who are participating in the Family Options program

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2nd annual Recovery is Real forum draws a crowd

By Elizabeth Amaral, CPS

The Second Annual Recovery Is Real forum was held in late summer at the Ricky Silvia Gym at Taunton State Hospital (TSH) in Southeastern Massachusetts. A total of 141 consumers, providers, family and friends attended the event.

The day began with the recognition of Lynne Letendre, Liz D'Uva, Elizabeth Amaral, and Jess Zaller for volunteering their time at the Recovery Resource Center at TSH. Jane Musgrave, head of the rehabilitation department at TSH, spoke about the center and showcased a series of recovery posters based on the ten components of recovery as enumerated by the federal government's Substance Abuse and Mental Health Services Administration (SAMHSA).

The speakers included representatives from TSH, Department of Mental Health (DMH), Community Counseling of Bristol County (CCBC), the Transformation Center, and staff and volunteers from the Southeastern Mass Recovery Learning Community (RLC). They spoke compellingly of the power of recovery. Roberta Guez, TSH Chief Operating Officer, spoke of the various forms and ways people recover from physical pain, grieving, and psychological pain.

"I've learned that folks can and do have the power to advocate for themselves!" exclaimed Ellen Bruder-Moore, Vice President of Community Support Services of CCBC, who has been advocating for consumer/survivors since the 1970s.

The crowd roared in applause in response to the riveting recovery stories told by staff and volunteers of the RLC. Highlighted themes included dissatisfaction as an avenue for change, spirituality, expanding one's comfort zone, and facing one's fears. Another theme was the strong consumer-provider partnership in the DMH Southeastern Area. "The things that bring us

together are greater than the things that separate us," said Ms. Amaral, who hosted the event.

This concept was echoed by Peter Evers, DMH Southeastern Area Director, who opened the morning along with Elaine Hill, DMH Deputy Commissioner for Mental Health Services, and Roberta Guez. Deborah Delman of the Transformation Center depicted the role of peer support through an analogy of geese carrying each other along in a draft created by flying in formation. Ms. Delman outlined the five stages of the recovery process, eliciting encouraging audience responses regarding each stage.

A highlight of the event was the brave impromptu speakers, who stepped out from the audience to share a piece of their recovery story. "Everyone got hope and inspiration that they can do it", said Joan Stevens, a volunteer at the RLC.

The members of the RLC were particularly moved by the words of Dr. Susan Skea, DMH Southeastern Area Medical Director, who spoke of the intensifying solidarity between consumers and providers. The crowd also seemed particularly enthusiastic about the free raffle that took place during breaks and lunch. Stress balls, soft plush toys and bubbles were some of the sensory items raffled off. Literature tables with information on TSH Recovery Resource Center, Transformation Center, the Southeastern Mass RLC and Mass WRAP (Wellness Recovery Action Plan) provided resources for attendees to take home.

It was a truly remarkable day. We look forward to next year!

DMH Information & Referral Line

1-800-221-0053

Go to the source: DMH Information and Referral Line

By Pamela Mason

DMH Information and Referral Line Specialist

The Department of Mental Health operates a toll-free line to provide information and referral. The line is staffed by Pamela Mason, Information and Referral specialist and a self-identified consumer working in the Office of Communications and Consumer Affairs. Callers—whether consumers, family members, providers or the general public—can contact Pamela for basic information and/or referral sources. The toll-free number is 800-221-0053.

While DMH cannot always provide specific information regarding certain needs such as referrals to specific therapists, Pamela can help by providing more generalized referral sources that are very useful. With a number of years of experience in this role, Pamela says, "If I do not have information regarding a specific request, I try to find that information whenever possible."

Responses are always tailored to the needs of the caller and reflect the Department's commitment to a person-centered, recovery-oriented system of care. The fact that it is staffed by a person with lived experience is indicative of that commitment and allows for a more sensitive response since many of the questions need a more personal touch that can only come from a person with similar experiences. Some of the most common inquiries include access to DMH services; consumer support and resources; consumer organizations; Wellness Recovery Action Plan (WRAP) group sources; patient records; crisis resources; information on filing complaints; housing resources; legal resources; human rights issues; Family organizations; family support; medication resources;

disability insurance; therapist referral sources; rehabilitation sources; and connection to other state agencies.

The DMH Information and Referral Line operates Monday through Friday from 9 a.m. to 5 p.m. All voice messages are returned promptly.

Meet Pamela Mason, DMH Information and Referral Line Specialist

Pamela Mason is the Department of Mental Health Information and Referral Specialist. She talks with PERSPECTIVES about her role in the Department and how she is making a difference for consumers.

Q: *What is your role at the DMH?*

A: As an Information and Referral Specialist in the Office of Communications and Consumer Affairs, I respond to calls from consumers, family members, providers and the general public. Callers are provided information and/or referrals that are tailored to



the need of the individual. If I do not have specific information, I research the question and get back to the caller. I also serve on the Quality Council and various committees and workgroups. I also serve on the Behavioral Health Plan Consumer Advisory Council of which I am currently co-chairwoman.

Q: *What do you like most about your job?*

A: Many people who call me, whether they are consumers or family members, have been told that they or a loved one must accept that they will never be able to recover and

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In Brief...

Recovery in Action

Various peer and professional organizations, including the local DMH Area Office and Recovery Learning Community, will sponsor "Recovery in Action" Wednesday, Oct. 22 at Arlington Town Hall. Shery Mead will be the keynote speaker on the subject of peer support and longtime consumer/survivor activist Judi Chamberlin will be honored. For more information call Rhiannon Kimball at 617-472-3237.

50 Certified Peer Specialists Graduate

Several hundred people gathered for the Mental Health Recognition Ceremony at the Great Hall of the Statehouse on Sept. 18. The event honored the 2008

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achieve a fulfilling and productive life. They have been told, in essence, to forget their dreams and have lost hope for the future. The most important part of my work is to impart a new or renewed sense of recovery and hope.

Q: *How do you feel you've been most successful in making a difference through your work?*

A: As a person with lived experience, I bring the consumer perspective to the table in the Quality Council as well as policy, committee and workgroup discussions.

Q: *What is the most important change you've seen in the mental health system?*

A: The most important system change I have seen in the many years I have worked at DMH has been the change in approach under Commissioner Leadholm. She has asked for consumer input on major issues related to dignity and recovery, by enlisting both internal staff as well as outside consumer movement leaders and advocates. Commissioner Leadholm has applied a much more practical approach to system transformation with regard to the formerly ethereal concept of recovery. This approach is very similar to the expression of the consumer/survivor/ex-patient movement's recovery principals and the specific methods with which to achieve that goal.

graduates of the Massachusetts Certified Peer Specialist program. This program is sponsored by the consumer-run Transformation Center and funded by the Department of Mental Health. Commissioner Barbara Leadholm was on hand to congratulate the 50 graduates. Numerous legislators and their aides were present to honor the graduates.

Historic Meeting at Statehouse

The first meeting of the State House ADA Advisory Council was held in mid-August. Representatives from the cross-disability community were present, including Steve Holochuck, DMH Director of Consumer Affairs. The advisory group will work to make improvements at the Statehouse regarding accessibility for and sensitivity to people with disabilities.

26 State Mental Health Consumer Affairs Directors meet

The annual meeting of the National Association of Consumer/Survivor Mental Health Administrators (NAC/SMHA) met at the end of July in St. Louis, Missouri. NAC/SMHA is the professional organization of state-level mental health consumer affairs directors. The members exchanged information (including regarding model initiatives) and support. Steve Holochuck, DMH Director of Consumer Affairs represented Massachusetts.

Lessons Learned from RLCs

The Center for Health Policy and Research at UMass Medical School will host "Recovery Learning Communities: Lessons Learned from the Pioneers" Thursday, Oct. 23, from 10 to 11:30 a.m. at the Central Mass. RLC, 91 Stafford St. in Worcester. Presenters Linda Cabral and Heather Strother from the Center will discuss their findings from a recent DMH and MassHealth sponsored evaluation they completed on the first three RLCs established in Central Mass., Western Mass. and Metro Suburban DMH Areas. The focus of the presentation will be on cross-cutting themes and lessons learned from the implementation experiences of the three RLCs. The presenters will also facilitate a discussion about opportunities for RLCs as they continue to grow and serve an important role in the mental health system. The RLC location is wheelchair accessible. To request other accommodations, including American Sign Language interpreter services, contact Linda Cabral at 508-856-8423.

DMH Youth: Voices for Action, Change

By Matthew Joseph McWade

In 2001, national data showed that youth with serious emotional disturbance were not completing high school, were unemployed, homeless, frequently involved with the criminal justice system and engaged in substance abuse.

To change these outcomes, the DMH Statewide Mental Health Planning Council established a Youth Development Committee in 2002 comprised of parents, advocates, transition age experts, professionals and interagency representatives. Interviews with young people who had received public mental health services as adolescents indicated they did not feel that they had a strong voice in their treatment planning, they were not involved in program planning, they did not have mentors and they did not feel their voice was valued.

The Youth Development Committee used this information as a basis for strategic planning and in 2004, presented the DMH Commissioner with recommendations to reverse this trend. It was critical, according to the Committee's recommendations, that DMH create a vehicle for the youth voice to guide system development; promote youth voice in treatment planning; and expand and enhance services to improve access to preventive and treatment health care, housing, independent living supports, and substance abuse treatment. The recommendations translated into a funding allocation for services designed specifically for transition age youth in 2005. Today, the *Transition Age Youth Initiative* is now well established.

Some of these resources support the Statewide Youth Advisory Council (SYAC) and the Statewide Youth Coordinator. The SYAC, chaired and coordinated by the Statewide Youth Coordinator, was established in April 2007 through the *Transition Age Youth Initiative*. The SYAC was created for young adults ages 16 to 25 who are or have been involved in

the DMH system to voice their concerns and needs for mental health services during a young person's transition period, and to serve as an advisory board to the Department of Mental Health.

The SYAC'S vision is to create a system of services that truly supports and inspires young



Matthew McWade, Statewide Youth Coordinator

adults to make a contribution to themselves, their peers and the Commonwealth of Massachusetts.

The SYAC meets monthly in Westborough and has weighed in on various DMH projects, programs and services as well as provided the youth view to other agencies' efforts. The SYAC is further developing its position on issues relevant to youth and young adults involved in mental health services and deciding how to express their views and voice to a larger system and statewide. Currently the SYAC is active in using various new media to spread its message. YouTube is used liberally and articles are written for various journals and newsletters and a website is being developed. The effort to coalesce the local and statewide youth councils is burgeoning.

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- The well-being and functioning of parents in the program
- The supports and resources available to parents in the program
- Parents' satisfaction with the Family Options program

While researchers are still studying Family Options, they have some initial findings concerning mothers participating in it.

Mothers and children in Family Option have serious mental health concerns: Mothers in the program have diagnoses of serious mental illnesses, often with co-occurring substance abuse issues as well as other serious medical conditions. These mothers are very likely to have experienced or witnessed violence during their lifetime, and have very limited access to supports and resources. Their children are very likely to have their own emotional and behavioral concerns, in addition to having difficulties in school.

Family Options mothers have increased well-being and functioning: Mothers had better well-being and functioning after being in the program for six months. Mothers reported that Family Options staff assisted with a number of tasks including home management, advocacy skills, conflict resolution, and time, stress and money management. One mother reported that staff were helpful because, "someone is coming to the house to see me, to talk...helps get my mind off stuff." Another mother found that the program staff helped keep her organized: "They helped me keep a plan and keep my appointments up to date so I didn't forget."

Family Options mothers have increased supports and resources: Mothers had increased access to transportation, recreation services, food, and clothing, and were better able to obtain services and benefits, and work with other agencies once they were part of Family Options. One mother reported how helpful it was that staff "came to my son's IEP meetings at school."

Mothers are satisfied with Family Options: Most

mothers were generally satisfied with the services they received from FO. Mothers felt that the program offered many opportunities to build new skills and provided access to much needed supports and resources. Mothers also had helpful suggestions for Family Options staff trainings and education that could lead to further improvement of the program.

Programs like Family Options are laying the groundwork for understanding what services and supports are most useful to families. As this research continues, we hope to continue to learn about the best way to support parents living with mental illness and their children.

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We welcome contributions of articles and photos for **PERSPECTIVES**.

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Taunton State Hospital Supports Recovery with the Recovery Resource Center

By Elizabeth Amaral, CPS

Two years ago, peer specialist Jess Zaller, who had been working as a volunteer at Taunton State Hospital (TSH), worked closely with Jane Musgrave, Director of Rehabilitation Services, to develop what is now the Taunton State Hospital Recovery Resource Center (RRC). One year later, I came on board and by this time, Roberta Guez, TSH Chief Operating Officer, supported this unique effort and allotted space for the RRC.

Jess solicited any and all free materials on recovery, mental health and addiction for the RRC. With a small amount of money left over from a Department of Mental Health grant and with donations from other areas of the hospital not being used, the new RRC space was furnished.

Together Jess and I worked diligently writing group protocols, getting to know patients and spreading the message of recovery throughout the hospital. A job for a Peer Liaison was developed out of this work. And the Friends of Taunton State Hospital donated \$5,000 for books and supplies.



The Glass Building at Taunton State Hospital is home to the Recovery Resource Center.

Today the RRC is up and running and is a vibrant part of the hospital community. Staffed by volunteers, the RRC presently offers patients self help/peer support groups, creative writing, creative expressions, dual recovery, Narcotics Anonymous, and LGBT (Lesbian, Gay, Bisexual Transgender) group. Coming soon are Wellness Recovery Action Planning and a peer led Dialectical Behavioral Therapy Skills group. Also the Peer Liaison Deanna Bell, Jess, and I conduct one-to-one peer support with individuals in the hospital. The TSH RRC, along with Southeastern Area Recovery Learning Community, hopes to form a seamless transition from the hospital into the community of a patient's choice.

***Recovery Learning Communities:* Your resource for consumer-run networks of self help/peer support, information and referral, advocacy and recovery training activities.**

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